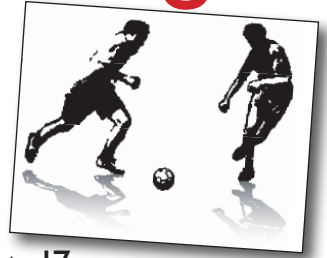


Co-Rec Adult Soccer - 7vs.7 League



A form of 7-a-side soccer. Games are 60 minutes in length.
Starting lineups must have a minimum of 3 female players.
Maximum squad size of 12. 8 week season.



WHAT: 7 vs. 7 soccer league

WHEN: Thursdays between 7 p.m. and 10:30 p.m., starting Sept. 17

WHERE: TBD

SIGN UP AS:

Team: \$455, Course #52067

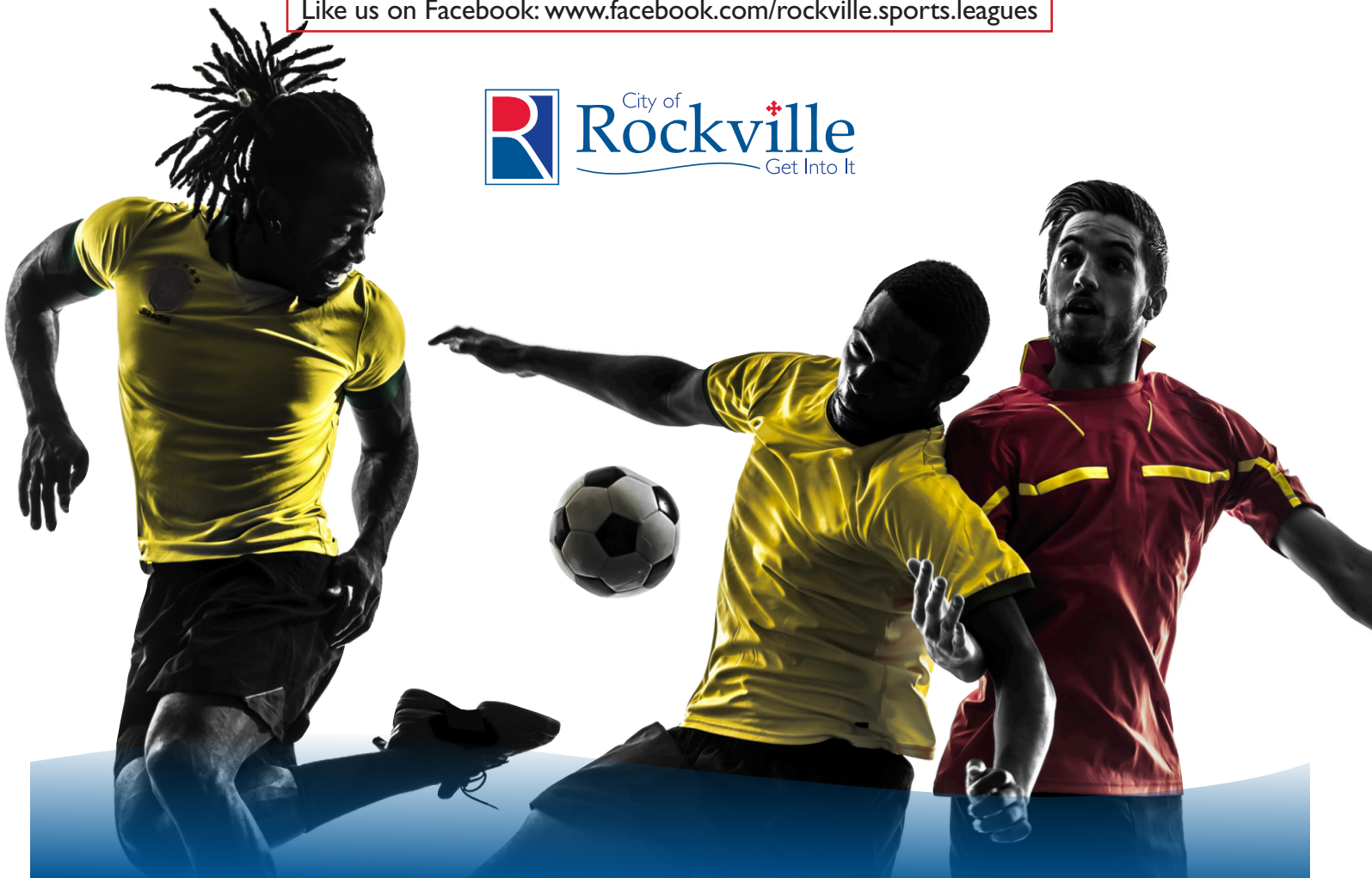
Free Agent: \$50, Course # 52066

REGISTRATION DEADLINE: Friday, Sept. 4

For additional information, contact Duncan Mullis at 240-314-8652, or e-mail dmullis@rockvillemd.gov.

(Registration on back)

Like us on Facebook: www.facebook.com/rockville.sports.leagues



240-314-8620 • www.rockvillemd.gov/recreation/sports

Co-Rec Soccer 7 vs. 7 Registration Form 2015

To complete the registration for the league, the City of Rockville requires you to fill out the information below for each participant; whether you are registering as an individual, group or as a team.

Team Fee: \$455; Free Agent Fee: \$50.

Team Name: _____ Team Color: _____

Captain/Manager's Name: _____

PLAYER NAME	D.O.B.	ADDRESS (IN FULL)	E-MAIL ADDRESS	CONTACT NUMBER	FEE <i>see above</i> <input type="checkbox"/> TEAM <input type="checkbox"/> FREE AGENT
P3					
P4					
P5					
P6					
P7					
P8					
P9					
P10					
AD.					
AD.					
AD.					

TOTAL: _____

Registration Deadline: Friday, Sept. 4

REGISTRATION PROCEDURES:

Teams: In-person registration is encouraged by team representative at Rockville City Hall, 111 Maryland Ave., Rockville, MD 20850. With prior approval from the Sports Program Supervisor, team entry forms with credit card information may be faxed to 240-314-8659.

Credit card information cannot be taken over the phone.

Registration: Each league will include a minimum number of teams. Team registration will be accepted on a first come, first paid basis until league is closed.

Credit card, cash or personal check will be accepted (make checks payable to City of Rockville).

PAYMENT METHOD:

☐ Credit Card (check type) ☐ VISA ☐ MasterCard

Exp. Date ____/____

Card # _____

Card Holder Name _____

Signature _____

☐ Cash (walk-in only)

☐ Check enclosed \$ _____ Ck # _____



240-314-8620 • www.rockvillemd.gov/recreation/sports